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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

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A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2002 8:00 am DOCUMENT # P94000044732 **Secretary of State** 1. Entity Nagre 01-31-2002 90074 027 ***150.00 JOG ROAD PROPERTIES, INC. Mailing Address Principal Place of Business 12000 BISCAYNE BLVD., C/O G MOSS 12000 BISCAYNE BLVD, C/O G MOSS SUITE 508 MIAM! FL 33181 MIAMI FL 33181 US US 2. Principal Place of Business Mailing Address 2425 HOLLYWOOD BLVD. 2425 HOLLYWOOD BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State HOLLYWOOD City & State HOLLYWOOD, 4. FEI Number 65-0499978 FL Not Applicable ^{Zip} 33020 Country Country \$8.75 Additional 5. Certificate of Status Desired 33020 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C/O G. MOSS MOSS, GERARD G Street Address (P.C. Box Number is Not Acceptable) 2425 HOLLYWOOD BLVD. 12000 BISCAYNE BLVD SUITE 508 MIAMI FL 33181 ^{෭෦}෯෯20 HOLLYWOOD 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE nt and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPR (9/01) Delete TITLE Change ☐ Addition TITLE WINFRIED KOELLMANN NAME NAME STREET ADDRESS **KRONSBRUCH 11** STREET ADDRESS HEILIGENRODE GE CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE Addition TITLE STEFANIE KOELLMANN NAME NAME **KRONSBRUCH 11** STREET ADDRESS STREET ADDRESS STUHR 1 HEILIGENRODE GE CITY-ST-ZIP CITY-ST-ZIP DST Addition Delete TITLE GERARD G. MOSS TITLE GERARD G MOSS NAME NAME 2425 HOLLYWOOD BLVD. STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 508 STREET ADDRESS HOLLYWOOD, FL 33020 MIAMI FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all giner like empowered.